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## \*BIBDATASHEET\*

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/193,221 11/16/1998 ABN *CON*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>glus</i> Initials <i>CON</i>	NY	4	12	5

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## TITLE

DIAGNOSTIC METHODS FOR DRUG SCREENING FOR ALZHEIMER'S DISEASE

FILING FEE  RECEIVED 965	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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